



APPLICATION FOR THE COMMERCIAL PEST CONTROL LICENSING EXAMINATION
TENNESSEE DEPARTMENT OF AGRICULTURE, Regulatory Services Division, Pesticide Section
EAC, Box 40627, Melrose Station, Nashville, TN 37204, Phone Number (615) 837-5148
Fax: (615) 837-5012

1. Please print or type. Your application must be signed and dated. **Applications must be returned by the 10th of the month preceding the exam.** Exams are given in January, April, July and October.
2. Enclose all required fees with the application. The fee is **\$150.00** for each initial or re-examination category. **YOUR FEE WILL NOT BE REFUNDED IF YOU FAIL TO SHOW FOR THE EXAM.**
3. You must pass **CORE** prior to taking the license exam. If you have passed **CORE** in another state and TDA has a reciprocal agreement with that state, you must provide proof with your application. It is strongly recommended that you pass **CORE** prior to exam day.
4. You must qualify for the license exam. **If you do not meet the qualifications, or if you fail to provide the required documentation, YOUR APPLICATION WILL BE REJECTED.** Thoroughly review the qualifications and documentation requirements listed on the reverse side of the application. You will receive a letter showing the result of your application prior to the exam.
5. Make checks payable to the Tennessee Department of Agriculture and return to the above address or you may pay by

Credit Card

Mastercard# _____ Exp. _____ Visa# _____ Exp. _____

Name: _____	Soc _____	Sec _____	Num: _____
Home Address: _____ Phone: _____			
Work Address: _____	Phone: _____		

Examination Title	I am applying to take this exam (check here)	I have previously taken this exam (check here)
WDO – Wood Destroying Organism		
GRC - General Pest and Rodent Control		
WEC - Weed Control, Right-of-Way / Industrial		
AQW – Aquatic Weed Control		
FUS - Fumigation – Soil		
FUM - Fumigation		
BDC - Bird Control		
AGE - Agricultural Ground Equipment		
HLT - Horticulture Lawn and Turf		
HRI - Horticulture Interior		

The following categories require an appearance before the Pest Control Board. Describe the type of work you will do with the license.

Examination Title	I am applying	Type of work I plan to do
PCC - Pest Control Consultant		
SPC – Special Category		

RELATED WORK EXPERIENCE: List only your experience relevant to pest control or the application of pesticides. Start with your most recent position and work back in time, using additional sheets if necessary. Explain clearly what your duties were. ***This information will be verified.***

Employment Dates: From: _____ To: _____	Employer: _____	Supervisor:

	Address: _____	Phone:

	Position Title: _____	Your Duties:

Employment Dates: From: _____ To: _____	Employer: _____	Supervisor:

	Address: _____	Phone:

	Position Title: _____	Your Duties:

Employment Dates: From: _____ To: _____	Employer: _____	Supervisor:

	Address: _____	Phone:

	Position Title: _____	Your Duties:

Applicant's Signature and date:_____

If you are qualifying for the exam by work experience, the Certificate of Experience must be completed by the licensee(s) who have supervised you for your two (2) year minimum. Submit additional copies if necessary. Non-Tennessee licensees must provide proof of their current license with the Certificate of Experience. If you are qualifying by degree, you must enclose a copy of your transcript showing your major and date of graduation. If you are qualifying by being licensed in another State, you must enclose a copy of both sides of your license.

CERTIFICATE OF EXPERIENCE

I, _____, a commercial pest control operator in the State of _____, holder of a current license, number _____, certify that _____ of _____ has worked under my license in the category(ies) of _____ for period of _____ years and _____ months with the duties of _____

Signature and date: _____

Business address and phone: _____